The Fortnightly REVIEW

OF THE CHICAGO DENTAL SOCIETY

June 1, 1948

Volume 15 • Number 11

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The Fortnightly

REVIEW

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Number 11

June 1, 1948

Volume 15

JAMES H. KEITH — EDITOR

L. RUSSELL HEGLAND — BUSINESS MANAGER

Contributions: Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts, if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever.

Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the first and fifteenth of each month. The early submission of material will insure more consideration for publication.

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THE CALENDAR

June 2:	DELTA SIGMA DELTA: Golf outing at Navajo Fields Golf Club.
June 7:	WEST SUBURBAN BRANCH: The West Suburban round table meeting will be held at the Oak Park Club, Oak Park Ave. & Ontario St. Dr. Merrill J. Shepro of the University of Illinois will show a colored film on the technic of amalgam restorations.
June 9:	WEST SIDE BRANCH: Golf outing at Itasca Country Club.
June 9:	ENGLEWOOD BRANCH: Golf outing at Navajo Fields Golf Club.
June 14-15-16:	NORTHWESTERN UNIVERSITY DENTAL ALUMNI SCHOOL: All day Monday and Tuesday morning at the school. Homecoming Tuesday, June 15. Golf at Northwestern University Golf Club, Wednesday, June 16.
June 16:	U. OF ILL. ALUMNI ASSOCIATION: Golf outing at Itasca Country Club.
June 16:	N.U.D.S. ALUMNI ASSOCIATION: Golf outing.
June 23:	CHICAGO DENTAL SOCIETY: Golf outing at Nordic Hills Country Club.
June 30:	NORTHWEST SIDE BRANCH: Golf outing at Itasca Country Club.
July 14:	NORTH SUBURBAN BRANCH: Golf outing at Barrington Hills Country Club.
July 14:	NORTH SIDE BRANCH: Golf outing at Nordic Hills Country Club.
July 14:	KENWOOD-HYDE PARK BRANCH: Golf outing at Navajo Fields Golf Club.
July 21:	ALPHA OMEGA: Golf outing at Itasca Country Club.
July 28:	XI PSI PHI: Golf outing at Itasca Country Club.
July 28:	WEST SUBURBAN: Golf outing, Acacia Country Club.

The Fortnightly
REVIEW
of
THE CHICAGO DENTAL SOCIETY

June 1, 1948 *Volume 15 • Number 11*

President's Message

May I express my appreciation for the honor and privilege of serving as your president for the coming year.

On behalf of our membership, it is my desire to further the esteem and prestige of our society. This can be accomplished only through the cooperation of those who actively support and are willing to sacrifice their time and effort to further our aims and ideals for the advancement of our profession in the fields of education, science and professional service.

During the year every effort will be exerted to bring to you opportunities for educational and professional advancement. Regular monthly meetings and the Midwinter Meeting will offer practical, well diversified and highly scientific programs. We shall also have the privilege of attending the scientific meeting of the American Dental Association to be held in Chicago, September 13-17. Every member should avail himself of these exceptional opportunities for graduate instruction.

From time to time, I shall discuss with you through our official publication, THE FORTNIGHTLY REVIEW, some of the important problems confronting you and your society; also some of the achievements will be reported.

At this time I shall inform you of the progress that has been made on the out-patient program of the Veterans Administration. Since the inception of this program of dental care for veterans by the Veterans Administration, your officers have held many conferences with the representatives of the administration. We have been constantly alert to safeguard the interests of the private practitioner and have exerted every effort to facilitate authorization of care and payment for service to the participating dentist. Last fall, when the program seemed to have reached an impasse because of lack of funds, representatives of the Veterans Administration hurriedly sought a conference with your officers and requested recommendations and assistance in solving the current problems. As a result of this conference, more funds were made available to the Chicago area. However, our other recommendations have not yet received favorable action. The overall picture does show signs of improvement.

May you have an enjoyable summer and return this fall prepared to enter into and carry on the activities of our society with that same indomitable spirit.—*Robert J. Wells.*

Diagnosis in Oral Surgery Procedures*

By Cedric Kenneth Dittmer, D.D.S., M.D.S., Assistant Professor of Oral Surgery, School of Dentistry, Loyola University

A competent diagnosis in oral surgery procedures requires the correlation of a comprehensive clinical examination, history, and an adequate roentgenographic examination. Various blood tests, bacterial smears, cultures and microscopical examination of tissue may be required to establish or confirm a diagnosis. Laboratory tests should be made when the clinical examination or history reveals a questionable condition.

The dentist must not limit his examination to a diagnosis of which tooth is to be extracted or what condition is to be operated. Immediately when a decision is made to do even minor surgery, the patient's ability to withstand the operation and make an uneventful recovery must be considered. Oral manifestations of systemic disease must be recognized in making a diagnosis. Acute infections within the mouth or acute respiratory or tonsillar infections preclude oral surgery procedures. Constitutional disturbances disclosed in a brief medical history, such as heart disease, hemophilia, diabetes or hyperthyroidism may govern procedure and choice of anesthetic. Systemic disease or constitutional anomalies may preclude surgical interference.

ORAL CONDITIONS THAT MAY PRECLUDE EXTRACTION OF TEETH AND SURGERY

The mouth should be carefully examined for symptoms of Vincent's infection. Because of the virulence of fusospirochetal infections, it is particularly important that they be recognized and treated as a preoperative measure. All periodontal diseases with acute infection should be controlled before the removal of the involved teeth.

It is not good practice to extract teeth in dirty or unhygienic mouths where oral hygiene has been completely neglected. General prophylactic measures should be carried out and the patient put on home treatment in these cases.

Extraction of a tooth with an acute dento-alveolar abscess is usually contraindicated. The application of moist heat to the face and hot irrigations within the mouth, with incision for drainage upon localization, is the conservative method of handling these cases. When it is apparent that drainage can be established from the socket it may be safe procedure to extract the tooth under regional or general anesthesia. With the rational use of chemotherapy immediate extraction in these cases may be favored in the future. If adequate drainage from the socket is not established following the extraction of the tooth, the chemotherapeutic agent employed will prevent an acute local exacerbation with the possibility of septicemia.

The unwise extraction of lower third molars with acute pericoronal infection has undoubtedly caused the dentist more grief and necessitated the postoperative hospitalization of more patients than any other group of postoperative complications. Pericoronal infections should always be treated prior to the extraction of the tooth.

ORAL MANIFESTATIONS OF SYSTEMIC DISEASE

A careful examination of the mouth may disclose signs and symptoms of diabetes, blood dyscrasias, nutritional deficiencies, infectious diseases, the

*Read before the December 16, 1947 monthly meeting of the Chicago Dental Society.

characteristic lesions of drug sensitivity or poisoning, syphilis, tuberculosis, and other systemic diseases. Severe diabetes is characterized by an acetone breath, dryness of the mouth, and usually by gingivitis, stomatitis, or periodontitis; the anemias by the paleness of the mucous membranes of the mouth and lips, and the smooth, glossy, and often sore tongue in pernicious anemia; the acute leukemias and agranulocytosis by their ulcerations; purpura by petechial spots and larger areas of ecchymosis; vitamin B deficiencies by glossitis and angular cheilosis; vitamin C deficiencies by hypertrophied, spongy, bleeding gums; Addison's disease and metallic poisoning by pigmentation; some cardiac conditions by the cyanotic appearance of the oral mucous membranes and lips and by the enlargement of the vains on the under side of the tongue; epilepsy by scars, and the administration of dilantin sodium in epilepsy by hypertrophied gingival tissues. It is the dentist's responsibility to recognize the primary lesions of syphilis. He should order Kahn or Wassermann tests to confirm diagnosis of a suspicious luetic lesion. Tuberculous lesions present a varied clinical picture and are often difficult to diagnose. These patients should be referred to a competent physician because tuberculosis of the mouth is usually secondary to pulmonary tuberculosis. Extraction of teeth and surgery are contraindicated in tuberculosis of the mouth; in the severe anemias and in the acute stages of other blood dyscrasias; in diabetes, unless the patient is under treatment and his metabolism is controlled; in syphilis, unless the patient is under treatment; and in severe nutritional deficiencies until they are corrected. Extraction of a tooth for a patient with acute leukemia may result in his death within a few days.

RECOGNITION OF MALIGNANT NEOPLASMS

It is the dentist's responsibility to recognize cancerous lesions in their incipiency. Precancerous lesions and malignant tumors present a varied clinical picture. When suspicious lesions are encountered the patient should be referred to his family physician, a competent dermatologist, or an oral diagnostician. A good rule is to maintain that a suspicious lesion is malignant until proved otherwise.

LIMITATIONS OF ROENTGENOGRAPHIC EXAMINATION

A diagnosis based on roentgenographic interpretation alone, without the correlation of a clinical examination, history and often various laboratory tests, can result in error.

A radiolucent area at the apex of a tooth may not prove to be a granuloma or a cyst. Weinmann[1] reported three cases of bone changes in the jaw caused by chronic renal disease. In one of these cases there was an area of rarefaction in the apical region of the mesial root of a lower third molar. Roentgenographically it looked like an abscess or granuloma, but a vitality test would have indicated that the tooth was vital. Histological examination of an autopsy specimen of this jaw disclosed that there were no retrogressive changes in the pulp tissue, and that the area of rarefaction at the apex of the tooth was due to the destruction of the mature bone by osteoclasis and replacement by immature coarse fibrillar bone. This lesion proved to be a secondary localized osteitis fibrosa due to a chronic kidney condition, and the tooth was not abscessed. A history of systemic disease often can aid in diagnosis.

A large cystic appearing area of bone destruction may not be a cyst. Destruction of bone in a circumscribed area, imitating a cyst, may be the consequence of hemorrhage, tumors or bone disease caused by metabolic dysfunction. Only by obtaining a history, testing the teeth for vitality, and, in some cases, testing for fluid by aspiration or taking a biopsy specimen of tissue, can one with the aid of the roentgenogram

make a competent diagnosis.

IMPACTED TEETH

Impacted teeth should be removed when there is reason to believe that improvement in malocclusion, local abnormal conditions or systemic conditions will follow.

In making a decision whether or not to remove an impacted tooth, the clinical findings, roentgenographic examination and history must again be considered. The occlusion of the teeth and the position of the impacted tooth in the arch, if it is partially erupted, should be observed. The tooth should be checked for deep pockets with chronic infection or symptoms of acute pericoronitis. Roentgenographic examination will give information on the position of the tooth in the jaw, will give evidence of pressure resorption of an adjacent tooth, will show extensive caries and deep pocket formation and will give information on the size and shape of the crown and roots of the tooth as well as its proximity to adjacent anatomical structures that might be injured or impaired by surgical interference. The history may disclose evidence of local pain, neuritis, neuralgia, earache, previous symptoms of acute pericoronitis, and various systemic conditions that may be the deciding factor in making a diagnosis to remove the impacted tooth.

In general, impacted teeth causing pain or discomfort, malocclusion or pressure resorption of an adjacent tooth, and those that are carious or that have deep pockets with chronic infection should be removed. In edentulous areas, embedded teeth situated near the crest of the ridge, or those that produce a deformity in the ridge, should be removed before artificial restorations are made. When impacted teeth are situated deeply within the jaw or when they encroach upon anatomical structures that might readily be injured or the function of which might be impaired by surgical intervention, they should not be operated unless it is quite evident that improvement in local or systemic conditions will follow. Impacted supernumerary teeth and odontomas should always be removed when they prevent the normal eruption of teeth.

CYSTS OF THE JAWS

A cyst may be defined as a pathological space in tissue lined by epithelium and containing fluid or semisolid material. Small cysts are usually discovered by the roentgenogram because there are rarely symptoms of pain or discomfort. The suspected cyst, however, on operation may prove to be a large granuloma which has been walled off by a circumscribed area of bone. Large circumscribed areas of bone destruction which appear to be cystic roentgenographically, should always be punctured to determine by aspiration if fluid is present in order to distinguish them from other lesions or neoplasms resembling cysts in the roentgenogram. A comprehensive clinical examination must always be made and a good history should be taken before arriving at a final diagnosis. In large maxillary cysts a contrast medium such as Lipiodol (E. Fougera) may be injected following aspiration of fluid, to determine the size and shape of the cyst cavity and to determine whether or not the cyst has penetrated the floor of the antrum. Roentgenographic examination following the injection of the contrast medium will frequently disclose that the cyst cavity has involved a much larger area than the original roentgenogram revealed.

MOUTH PREPARATION

Surgical preparation of the mouth is essential when hard or soft tissue abnormalities in ridge form interfere with function or esthetics in denture construction. The esthetic effect, functional efficiency and comfort that can be obtained in any denture case is in

(Continued on page 26)

Problems of Oral Surgery Confronting the General Practitioner*

By William L. Shearer, M.D., D.D.S., Omaha, Nebraska

Question: Describe postoperative care—type of irrigations, etc. and why.

Answer: Under no circumstances do I ever use ice because it retards the phagocytic action of the leukocytes. We must stimulate the phagocytic action of the leukocytes in order to have a physiological reparative process. Heat does this; therefore I use heat.

I use hot packs of fifty per cent solution of Epsom salt (or magnesium sulfate) as hot as patient can stand without burning. I use Epsom salts because it is a specific for the bacillus of erysipelas and the natural habitat of the bacillus of erysipelas is around the nose and mouth. Further, Dr. Nicholas Senn, that great surgeon in Chicago, advised me as a young man that ice had no place on the face and jaws for anything he knew anything about. I have found his advice to be solid and have practiced it all through my practice. He stated emphatically that heat should be used and ice should not be used. Hot salt water irrigations should be given at least once a day.

Question: What sedation do you use in office and in hospital?

Answer: In the hospital, rather routinely I use morphine and atropine. Of course, it goes without saying that I use other forms of sedatives when it is my judgment that morphine is not indicated. In my office, I rarely use anything but something like a nembutal or empirin compound with codeine.

Question: Describe osteoblastic bone formation.

Answer: We always have an osteoclastic process versus an osteoblastic process. So long as the osteoclastic cells have the better of the fight and tear down the bone, the defensive mechanism of the body as a whole seems equal to the invasion, but, when the osteoclastic cells fail in tearing down the bone, osteoblastic cells build up. This is an effort on the part of nature to protect herself. You can not wall off infection in bone. In soft tissue it may be walled off by fibrous connective tissue and not be a menace to the health through the circulatory system. This is not true of bone. Whenever osteoblastic cells build up anywhere in the human body, the patient has lost his defense to streptococcus infection, and almost always there is a history of fag or general pains throughout the body. Many other symptoms may occur but these are the common ones.

Question: Explain what happens when a tooth loses its pulp.

Answer: When a tooth loses its pulp by infection, there is a degeneration of the intercellular substance of the dental tubuli from the pulp chamber out to the cementum. There are a lot of men who state that a tooth has only lost part of its vitality when it is dead, but, so far as I am concerned, it becomes a sequestrum, and nature is trying to exfoliate it. Atrophy of the pericemental membrane takes place, and atrophied tissue is a pathological tissue and can not be considered anything other than a pathological tissue. If suppuration at the root ends from either pyorrhea or abscess due to the death of the tooth takes place, there may develop a hyperplastic pericemental membrane. In this instance a hyperplastic membrane, is always pyogenic. These are the two major happenings following the death of a pulp except that a complication to any part of the human body may develop from

(*Continued on page 26*)

*Questions and Answers presented at the 1948 Midwinter Meeting.

First Draft of Aims and Proposed Program of Chicago Industrial Health Association

Part II

(Editor's Note: This article was furnished by Dr. Earle H. Thomas who is the representative of the Chicago Dental Society on the Board of the Chicago Industrial Health Association.)

I. HEALTH EDUCATION PROGRAM FOR EMPLOYEES

The education-information program is planned to reach the largest possible number of employees in the Chicago district. The material, whether for newspapers, magazines, radio posters, etc. will be popular in style and content, factual yet dramatic, and will lean heavily on visual presentation wherever possible.

The range of subject matter, drawn from source material from all the health agencies, will include health problems such as the common cold, respiratory ailments, nutrition, tuberculosis, cancer, venereal diseases, heart, vision, hearing, dental care, diseases of childhood and old age, mental hygiene (psychosomatic factors in safety, alcoholism, anxieties, attitudes toward the job and toward fellow employees, methods for meeting personal and family crises, for building self-confidence and emotional security, etc.), diabetes, arthritis, summer and winter health hazards, and so on. In the presentation of these subjects the health agencies dealing with them will of course be named and identified.

The program will be publicized and a limited amount of information disseminated through the newspapers, local and national magazines, and occasional announcements and presentations on the air. However, the health education service to industry is planned on a regularly scheduled basis through three media, as follows:

A. PUBLICATION OF A MONTHLY MAGAZINE

The Association is planning to publish a 32-page, 8½ by 11, slick paper monthly magazine, to be distributed to every employee of its participating firms. It might be called "Here's to Your Health!" Most of the copies will be mailed directly to the employee's home; in some firms the magazine will be distributed on the job. The circulation of this publication will depend on the number of firms participating. As already indicated, it is estimated that by the end of its first year the Association will service a total of some 500,000 employees.

In style and content the magazine will follow the best contemporary health articles which appear so frequently in popular national magazines, such as Collier's, Woman's Home Companion, Life, etc. The material will be factual, vivid, brief, dramatic, and profusely illustrated with sharp photographs. While each issue will emphasize a particular health subject, devoting perhaps two or three articles and some picture spreads to this subject, there will also be other pertinent articles, some news coverage from the plants and a monthly humorous column.

Such a publishing venture will be a considerable undertaking and it is hoped that a good part of the cost will be covered by advertising. The magazine will be edited and published by the Association, most of the material coming from member health agencies. However, technical help will be solicited from professional advertising sources and perhaps an advertising firm would find it worthwhile to take over the entire advertising assignment.

It is conceivable that a pharmaceutical firm, perhaps the one which sponsors the radio program, might also wish to sponsor the publication.

It is the conviction of some seasoned experts in both the publication and health fields that the interest of the American public in health can approach its interest in sports. The Association's Monthly Magazine, if it achieves the standards set for it, can in a small way demonstrate the validity of this opinion.

B. A SPONSORED DAILY MORNING RADIO PROGRAM

The radio is undoubtedly the most effective medium for reaching a significant employee audience. A sponsored program, known perhaps as "Here's to Your Health," on the air five or six days a week from 6:30 to 7:00 A.M. could go far toward developing health consciousness among its regular listeners. It would provide continual support to the activities of the Association, would give an excellent platform for agencies, employers, employees, physicians and individuals prominent in the health field, and would offer a suitable sponsor a unique opportunity for institutional advertising – to render an important public service under eminently accredited auspices.

Such a daily health hour officially presented by the Association and its imposing roster of health agencies should logically be sponsored by a leading pharmaceutical firm. It would seem to be a suitable account for a qualified advertising agency and could best be handled as a package show. The health material would be supplied and the program subsequently approved by the Association. The advertising agency would prepare scripts and be in charge of production. Quick clearance of scripts would be facilitated by assigning to one or two physicians the responsibility of checking the material in the various health fields, such as communicable diseases, safety, mental hygiene, etc. The non-medical aspects of the program would be approved by the director of the Association. Naturally, since this program would carry the official approval of every important official and voluntary health agency in the Chicago area, the sponsor would not exploit any particular product, but would confine himself to an editorial-institutional type of presentation.

Such a daily health program will be an innovation in radio. There are occasional, and some weekly, health broadcasts, mostly of a medical nature, which achieve considerable public attention. However, with the growing general interest in health, there would seem to be a real place for a daily, popular, streamlined health program. Properly presented, it should soon become a regular listening habit of a very large employee and employer audience.

The broadcast would, of course, present its specific health message as part of a more diversified program which would include a ten minute news summary, a weather report twice during the half hour, and frequent announcements of the time. It should include some music and some comedy. It would be held together and constantly lifted by an unusual M.C. who might be known as Dr. Staywell.

Dr. Staywell would probably have to be a licensed physician, though it might be difficult to find a doctor with the required radio qualifications. Dr. Staywell would not be the Dr. Christian, homespun type of family doctor. He would be comparatively young, dynamic, humorous, tolerant and wise in a contemporary manner. Above all, he must have a magnetic personality which projects itself over the air. A practicing physician would probably be eligible for this role if his identity were carefully guarded. Medical ethics would not preclude a physician in public health service undertaking such an assignment, even if his name became known.

The health content of the program would cover the entire health and safe-

(Continued on page 27)

WHAT NOW?

By Frederick T. Barich

It seems that, at various times or periods, certain unknown or obstinate phases of scientific research wend their way into the mystic field of psychology. Why this is so is quite understandable. Psychologists in particular are probing the most baffiling scientific field known to man. This youngest of sciences, by and large, might be termed the most inexact science; and so it is replete with faulty or screwy ideas and conjectures. When any knotty problem confronts pseudo-researchers in any line they are prone to push that problem over the abyss into the oblivious psychological realm. That, too, is understandable because "nobody knows nothin' about it" and any logical explanation will hold for a time at least; or until such time as it is disapproved or forgotten.

Such ideas create a flurry for the moment and discussions will run rampant thru informed and uninformed groups. The latter are in majority and therefore possess the louder voice. This, of course, does not make it factual,—it merely prolongs the agony.

Thought provoking statements are good and essential to progress, and it is well within the province of any man to make them. In that vein, I am taking this supreme right to propose the following causes and explanations of certain oral conditions which in general plague a large percentage of mortals. First, the condition known as crossbite might have had its origin in utero while mother was out of sorts and thus given to frequent outbursts of anger.

Second, protrusion of the lower jaw might have been caused under conditions mentioned above but this time it was father who was the culprit. He went about strutting like a gamecock and overindulged in sticking out his chin.

Third, retruding mandible, or bird jaw as it is sometimes known, might have been the byproduct of parents who lived thru an "Egg and I" episode.

Fourth, missing teeth probably had its origin when mama lost her teeth in the cabbage patch; or because great grandpa lost his hinged choppers during Sherman's march to the sea (hereditary).

Five, supernumerary teeth, or extra teeth to you, came about in an unusual fashion. Uncle Joe ran afoul of the law and found to his dismay that it had more teeth in it than usual.

So you see the effect on the prospective offspring cannot be denied. The psychological impact on the developing organism is so great that it is a wonder that man reaches maturity looking like anything but a Hunchback of Notre Dame.

These examples are few, but we could cite dozens more. They should suffice, however, to convince the most stubborn skeptic. Where are the skeptics?

Every man in the practice of dentistry should be interested in this approach. Aside from these valid and logical explanations, he could take a bit of instruction in an automatic appliance, and presto, in a few months he could treat all the orthodontic ills which beset mankind. The combination is unbeatable; everyone would lend a hand in solving the *simple* orthodontic problem.

ALL FOR ONE,
ONE FOR ALL!
ORTHODONTICS—
RAW! RAW! RAW!

Dental Disuse and Caries Incidence *

By H. H. Newmann, former Medical Officer, New Zealand Government Health Department, St. Albans, New York

(Editor's Note: Because this article presents a somewhat different point of view regarding the etiology of dental caries than is commonly held in this country, it is reprinted here in its entirety. The author holds an M.D. degree.)

Bones, muscles, peripheral nerves, and any organ physiologically connected with mechanical functions, react to disuse with atrophy.[1] The teeth being part of the bony skeleton, it is justifiable to examine whether they too react to reduction of activity below a physiological minimum with atrophy and demineralization.

In disuse atrophy of the bone the changes appear early on radiological examination. They are detectable only in the spongy trabecular structure while demonstration in the cortex is difficult or impossible until at an advanced stage real narrowing of the cortex takes place. Owing to the dense, non-trabecular structure of the tooth, the radiographic method can not be applied to detect a reduction in density, as too many variable factors enter in an attempt to estimate the density of a uniform shadow on different films.

Examination by chemical analysis is not satisfactory, as it has been demonstrated in disuse atrophy of the bone that the chemical composition undergoes no detectable quantitative alteration. The changes represent merely a quantitative variation affecting the density of the tissue.

A different approach to determine the effects of use and disuse on the teeth consists in making a survey of many races and examining their food habits and their dental condition. The possible influence of many other factors and their results on the incidence of dental caries has to be considered.

At first the prevailing concepts on the aetiology of caries will be contemplated. They may be loosely grouped as follows:

(1) Mineral deficiencies, particularly of calcium and phosphorus
(2) Fluorine deficiency
(3) Poor mouth hygiene
(4) Inadequate sunshine
(5) Hereditary factors
(6) Vitamin deficiencies
(7) Overuse of refined carbohydrates, especially starch
(8) Excessive sugar consumption
(9) Lack of detergents in the diet

Any of these explanations to be acceptable should be applicable the world over. The following analysis will indicate why they appear to be unsatisfactory in the light of experiences and observations on dental conditions universally.

MINERAL DEFICIENCIES

Dental caries may be rampant, moderate or absent in regions with a high, medium or low calcium level in the water, without any connection between the two factors.

Poor teeth are found in parts of New Zealand with a low calcium level in the water, in parts of England with a medium calcium level, and in parts of South Africa with a high calcium level. Good teeth were found among natives in Alaska regardless of low or high calcium or phosphorus intake. Numerous studies testify that there is no correlation between calcium and phosphorus intake and carries immunity.[2,3]

FLUORINE DEFICIENCY

Determination of the fluorine intake

*Reprinted from the December 1947 issue of The Journal of the Canadian Dental Association.

in the diet did not give a clue to the distribution of dental caries. In South Africa, Kenya and Australia dental decay is prevalent among the white people, while the non-assimilated natives of the same places are hardly affected, although using the same drinking water.

Tea is considered one of the few foods high in fluorine content. It does not prevent rampant caries in the English.

A very low fluorine content of the drinking water is compatible with excellent teeth and a low caries incidence as in Southern Italy and Sicily.

A recent study of the dental condition among Indians in Mexico[4] concluded as follows: "The observation that nearly fifty per cent of adult males had perfect teeth seems remarkable. Chemical examination of the water from several of the wells shows 0.2 to 0.3 ppm of fluorine. This is far below the optimum usually stated to be desirable for preventing caries."

POOR MOUTH HYGIENE

Mouths in filthy hygienic condition are often free from caries and experiences by numerous observers in many countries show that there is no relationship between oral hygiene and caries.[5,6] It is often found that the incidence of tooth brushes in different countries is in inverse proportion to the incidence of sound teeth.

INADEQUATE SUNSHINE

There is no correlation between the climatic condition and the amount of sunshine of a locality, and its dental condition. In regions with much sunshine the teeth may be comparatively good (southern U. S.) or very poor South Africa, Kenya, Australia), and in regions with little sunshine the teeth may be good (Eskimos, Maoris in southern New Zealand) or poor (England).

HEREDITARY FACTORS

A racial influence is suggested by the fact that the countries with the worst dental conditions all are inhabited by people of British stock. This conclusion is disproved by the fact that natives of any race and in any part of the globe who fully adopt British food habits suffer from dental caries to the same degree as the British themselves and within one generation of contact.

T. D. Campbell[7] describes the teeth of the indigenous Australians as follows: "The native develops a wonderful dental outfit, the disintegration of which rarely takes place until senescence, if at all. A dentition produced under such conditions, when changed to a civilized food environment, disintegrates with the same rapidity and ravaging effects as those of the average white person."

The study of the teeth of aboriginals (Bantu, Maoris, Eskimos, Australian Aboriginals), almost perfect while on their native diet and carious when they change to modern diet, suggests that the element of constitutional and hereditary factors and also racial susceptibility are entirely secondary to dietary habits.

It appears that all human races are equally susceptible to dental caries, the onset of which is conditional and does not depend on a racial predisposition or on constitutional factors.

VITAMIN DEFICIENCIES

The population of New Zealand with the highest caries incidence in the world shows no signs of any vitamin deficiencies. Butter, milk and fresh fruit are abundant and the population has a very good health record apart from its teeth.

A series of investigations in the Kangra district of Northern India,[8] where a large proportion of the population suffers severely from malnutrition and where rickets and osteomalacia are extremely prevalent, showed that almost

perfect teeth (very low incidence of caries) were compatible with severe rickets. The ill-balanced diet consisted mainly of cereals and contained almost negligible amounts of "protective" foods, such as fruit, green vegetables, milk and milk products; calcium and vitamin A, C and D are present in the diet in markedly inadequate quantities.

The effect of prolonged multiple vitamin deficiencies and severe malnutrition were surveyed after the release of American prisoners of war from Japanese prison camps.[9] A dental survey in this group showed that the number of carious teeth was less than that of the same age group living under normal conditions.

OVERUSE OF REFINED CARBOHYDRATES, ESPECIALLY OF STARCH

The cause to which caries is most commonly attributed is the excessive use of starch in the diet. There are considerable objections to attaching any importance to starch as a cause of dental decay. In central and southern Europe where the teeth are comparatively good, the food is rich in so-called refined carbohydrates. In central Europe potatoes, bread and sweet dishes are prominent. In Italy and Spain, bread, spaghetti and rice are staple foods—yet the teeth are good.

On the other hand, in New Zealand, where one encounters the worst teeth in the world, more proteins and less starch are consumed in proportion than in most other countries. Prevailing in the menu are meat, eggs, milk and cheese. New Zealand and Australia are considerably heavier meat-eating countries than either Europe or North America.

The high protein diet cannot be held accountable for the tooth decay as natives, for example, in the subarctic region may live entirely on a meat diet and still maintain sound teeth.

EXCESSIVE SUGAR CONSUMPTION

In central Europe, where teeth are fairly good, meals ordinarily conclude with a cooked sweet dish. Negroes in the West Indies who habitually chew sugar-cane have excellent teeth, and the simple sugars of sugar-cane, chemically the same as refined sugar, seem to have no detrimental effect on their teeth.

The sugar consumption per capita is higher in North America than it is in England and although far more candies are consumed in North America than in England, still the American teeth are much sounder.

LACK OF DETERGENTS IN THE DIET

If large groups are compared, there is a definite and constant correlationship found between disuse of the teeth and a high caries incidence. Yet the detergent action of tough food cannot explain the interdependence: In primitive peoples with low caries incidence the teeth are often strikingly dirty in appearance, the incidence of salivary calculus and dental plaques may be extremely high and the bacterial flora in the mouth abundant. The detergent action seems to be limited to the chewing surfaces and affects least the places where food lodges and ferments. Still, caries, also proximal caries, is infrequent.

DENTAL DISUSE

The problems of dental decay narrow down to almost ideal experimental conditions in Australia and New Zealand where the best and the worst teeth existed and exist successively and simultaneously, depending not on the Polynesian or Anglosaxon origin of the individual, but on whether his diet is Polynesian or English.

In what respect does the diet of countries with notoriously bad teeth, like Australia and New Zealand, differ from the diet of other countries? There is no shortage of vitamins, fluorine, calcium or phosphorus, the diet is comparatively poor in starch and not excessive in sugar and the raw materials included in the average diet are quali-

tatively about the same as in other civilized countries.

However a striking characteristic of the Australian and New Zealand diet is its softness. Practically all the food of the standard New Zealand diet can be eaten without mastication. The meat is thinly cut and taken in small pieces that may or may not be chewed before being swallowed. Proper use of the teeth is considered bad table manners. The breadcrust is usually cut off and thrown away and the bread then cut into small pieces before being eaten. In other countries the breadcrust often represents the only remainder of some toughness left in the modern diet.

Food eaten with the aid of cutlery rarely requires real mastication and the number of solid foods eaten without cutlery is very limited in the modern diet.

* * *

There is a constant correlationship between disuse of the teeth and high caries incidence, if large ethnic groups and their food habits and table manners are compared. How can disuse of the teeth be a pathogenic factor?

DISUSE ATROPHY

The following basic points about disuse atrophy are known:

(1) Every organ physiologically connected with mechanical functions of the body reacts necessarily to disuse with a rapid atrophy.

(2) Disuse osteoporosis occurs regularly and independent of individual factors and in proportion only to the degree of disuse and to the time factor.

(3) In bones disuse atrophy may be diffuse or patchy, or cavities may be formed.[11]

(4) Any amount of calcium and vitamins administered by mouth or parentally is unable to prevent or defer the prograss of disuse osteoporosis.

Bone and dental tissue are morphologically and functionally closely related. From comparison with the pathology of the bony skeleton and from observation of the food habits and of the dental conditions in different countries, it is apparent that the primary aetiological factor lies in a disuse porosis of the teeth. These observations lead to the suggestion that dental caries is not a disease entity in itself, but a sympton of an underlying pathology which may be called: disuse odontoporosis.

PREVENTION OF DENTAL CARIES

Frequent and careful cleansing of the teeth practiced by civilized man has no appreciable effect in the prevention of caries. In spite of the victorious ubiquitous toothbrush, dental caries is more rampant now than ever.

The accepted modern nutritionally sound diet with well balanced minerals, vitamins and calculated ingredients seems to have no bearing on caries immunity.

From the foregoing considerations and observations, it is suggested that dental caries is caused by a specific dietetic deficiency, the deficiency of tough food.

CONCLUSIONS

The prevention of endemic tooth decay would require the addition to the diet of a certain quantity of tough matter. The addition of some hard breadcrust (old Swedish or Italian type bread) to the daily diet would suffice to maintain fairly good teeth with a reasonably low caries incidence. Other foodstuffs in the ordinary diet are of less or no value for mastication. Carrots and celery, apples and fruit generally are of little use in this regard. Biscuit, cracking hard food and toast are still less suitable. Chewing gum is too elastic and soft for the purpose.

Experience showed that chewing of sugar-cane is well suited for the treatment of odontoporosis; great care must be taken at first as some of the apparently sound but structurally inferior teeth may break. This phenomenon

could never be observed in natives with sound teeth.

If rice is the staple food, as among the South and East-Asiatic races, the teeth may be good or bad according to the local method of preparing rice. The prevention of caries among these races requires the consumption of under-cooked rice, leaving the grinding down of the grains to the teeth. Where this is the custom, as for instance in parts of the Philippines, the teeth are excellent; while in parts of China, where the rise is well cooked, the teeth are found to be in poor condition.

Among Indians it may occasionally be observed, if they have eaten their rice undercooked, that after a lifetime of chewing the teeth are free from caries, but the surface may be ground down and the teeth shortened as one would find in old horses.

Attrition and dental caries occur in inverse relationship and usually exclude each other except when the attrition reaches the pulp cavity and further chewing becomes painful.

Though there is little immediate hope of getting the white man to eat tougher food generally, this major deficiency of modern diet can be largely corrected by adding sufficient "toughage" to what we eat.

SUMMARY

From comparison with the pathology of the bony skeleton and from observation of the food habits and of the dental conditions in different countries, it is apparent that the primary aetiological factor of endemic dental caries lies in disuse of the teeth. This disuse leads to demineralization and porosis of the teeth, regardless of an adequate intake of minerals and vitamins in the diet, and thus exposes the teeth to the attack of the bacterial flora in the mouth.

Reviewing the factors commonly blamed for endemic dental decay—such as mineral deficiencies, fluorine deficiency, poor dental hygiene, inadequate sunshine, constitutional factors, vitamin deficiencies, and overuse of starch and sugar in the diet—it is concluded that they have little effect on endemic dental decay, and do not explain its peculiar geographical distribution. The consistency of the food, the table manners and the extent of the use of cutlery can be regarded as factors infinitely more important in the aetiology of dental caries.

From the considerable reduction in the calcium content in bones, following a short immobilization, it is evident what important and rapid effect inactivity has in provoking decalcification and atrophy. Because of the analogy to the commonly known disuse osteoporosis in bone pathology, it is suggested to call the pathology underlying dental caries "Disuse-Odontoporosis" and to classify dental caries as a symptom of it.

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NEWS AND ANNOUNCEMENTS

MIDWINTER MEETING DATES

The dates for the 1949 Midwinter Meeting have been set for February 7 to 10 inclusive. Anyone desiring hotel accommodations for the period of the meeting should write the Chicago Dental Society or the Stevens Hotel after September 1.

DOUBLE DECADE OF DEFEATING DENTAL DECAY

The St. Paul Evangelical Lutheran School of Melrose Park again is graduating its eighth grade class with all pupils caries free. This is the twentieth consecutive year that St. Paul has achieved this record. There are fifty-four children in the Class of 1948.

Dr. Paul Topel of Oak Park has been instrumental in surveying the pupils and has requested that the school again be awarded the Certificate of Merit Award from the Illinois Department of Public Health and the Illinois State Dental Society.

The presentation ceremony will take place at 8 p.m. on June 3, 1948. Dr. Robert J. Wells, President of the Chicago Dental Society, will make the award.

Reverend P. L. Kluender is pastor of St. Paul Church and Mr. Arnold Erxleben is principal of the school. Elmer Arnst is the 8th grade teacher.

SHORT PART-TIME POSTGRADUATE COURSE IN DENTURE CONSTRUCTION

Northwestern University Dental School has announced a short part-time postgraduate course in Complete Denture Construction. The class will meet Wednesdays and Thursdays, 9:00 a.m. to 5:00 p.m., each week for five weeks, beginning June 9 and continuing through July 8, 1948. Each member of the class will be assigned an edentulous patient for whom a complete set of dentures will be constructed. A simplified method of tooth-setting will be taught using the Hanau articulator. Instruction will be given by Dr. R. O. Schlosser. Registration will be limited to six students. Further information regarding the course may be obtained from the Dean, Northwestern University Dental School, 311 E. Chicago Avenue, Chicago 11, Illinois.

"FRANK VISITS THE DENTIST"

The new educational booklet for young children—"Frank Visits The Dentist"—is still available from the American Dental Association. It is especially suitable for use in schools and in dental office reception rooms. It can be obtained for 15c a single copy, $3.00 for twenty-five, $5.25 for fifty, and $9.00 per hundred, plus shipping charges.

NUMBER OF DENTISTS INCREASING

A nation-wide survey conducted for the new American Dental Directory shows that the number of dentists in the United States has increased more than 8,000 since 1940. The 1940 census reported 70,121 dental practitioners or an estimated ratio of one dentist to each 1,878 persons. With the new influx there is now one dentist to every 1,817.

The survey shows that the greatest number of dentists to population is in the middle east and central states, with the least proportion in the southeast and southwest regions. New York State leads with one dentist to each 1,106 residents and Mississippi is in last place with one dentist to each 5,131 residents.

GRADUATE COURSE IN PEDODONTICS

Beginning September 13 the University of Illinois College of Dentistry will offer a nine-months course in Pedodontics. The course is designed to meet the need of practitioners who wish to specialize in the practice of dentistry for children. It is a full-time course and will give training in basic techniques, basic sciences, and clinical practice.

The clinical work will rotate among normal children entering the dental school clinic, as well as hospitalized and institutionalized children. The department of pediatrics at the College of Medicine will cooperate in the project so that the entire field of dental pediatrics will be covered.

For further information write to Dr. Maury Massler, University of Illinois College of Dentistry, 808 S. Wood Street, Chicago 12, Illinois.

POSTGRADUATE INSTRUCTION FOR NAVAL DENTAL OFFICERS

For the first time in history, the Naval Dental Corps will offer an interim program starting in the fall. Twenty members picked from the graduating classes of the dental schools will be accepted for appointment as commissioned officers for a six-month course of postgraduate instruction at the Naval Dental School at Bethesda, Maryland.

The instruction course will be followed by six months of intern training in naval hospitals or similar activities. Naval hospitals selected to provide the training are at St. Albans, N. Y.; Philadelphia; San Diego, Long Beach, and Oakland, California.

REFRESHER COURSES AT ILLINOIS

Two separate refresher courses, "Complete Denture Prosthesis" and "Minor Oral Surgery," will be offered by the University of Illinois College of Dentistry starting Tuesday, July 6.

"Complete Denture Prosthesis" will be taught by the professor of prosthetic dentistry, Dr. W. H. Kubacki, and his staff and will be limited to six students. "Minor Oral Surgery" will be taught by Dr. Bernard G. Sarnat, acting head of the department of oral and maxillofacial surgery, and staff. The courses are designed primarily for the general practitioner.

Registration may be made in writing with the payment of tuition fee of $25 for residents of Illinois and $50 for non-residents.

For further details, write to Dr. Isaac Schour, Associate Dean in Charge of Postgraduate Studies, University of Illinois College of Dentistry, 808 S. Wood Street, Chicago 12, Illinois.

VETERANS STUDY DENTISTRY

A total of 14,558 World War II veterans are studying dentistry under the G.I. Bill, according to the Veterans Administration. Of this total, 7,244 are taking pre-dental courses and 7,314 are in dental school.

Veterans are eligible for education and training under the Servicemen's Readjustment Act (G.I. Bill) if they served in the armed forces between September 16, 1940 and July 25, 1947, had 90 days or more of service, and were released under conditions other than dishonorable. The 90-day minimum is waived for veterans released because of service-connected disabilities.

DR. THOMAS EARL TURNER 1884-1948

Dr. Thomas Earl Turner, a member of the West Suburban Branch of the Chicago Dental Society, passed away April 26, 1948. He was a past president of his Branch and librarian of the Illinois State Dental Society. He served as secretary and treasurer of the Odontographic Society of Chicago at one time.

Dr. Turner was graduated from the Chicago College of Dental Surgery, Loyola University, in 1911 and prac-

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NEWS OF THE BRANCHES

WEST SUBURBAN

The next round table meeting will be held June 7. The program promises to be very interesting with colored movies showing the technic of amalgams produced by Dr. Merrill Shepro at the University of Illinois. These pictures are used primarily for teaching students and should be very instructive . . . Al Kuncl took off again on one of his many jaunts and is enjoying the southern chicken in Biloxi, Mississippi . . . Understand Werner Gresens and Arno Brett are going down to Springfield. Quen Mangion is also going to take part in the program . . . Ernie Hudec has developed blisters on his hands. Farming in River Forest Manor is tough, isn't it, Ernie? . . . Helen Wisnow just got back with her new Packard after driving 7500 miles to California, Texas, Phoenix, etc. She attended the Southern California Dental convention and met John and Ben Svoboda . . . I would appreciate any news items from any of you fellows. Kindly call me at Village 872.—*E. G. Walters, Branch Correspondent.*

NORTH SUBURBAN

Our new president, Bill Rusch, has started getting things underway for the coming year. Axel Pedersen and George Carey are assisting him in the plans for our annual golf outing, which will be held at the Barrington Hills Country Club on July 14. It may not be a bad idea to put this down in your book now . . . The annual Clinic Day is being planned for the second Wednesday in November so, if you are called upon to assist, your help will be appreciated. . . . The boys over Northwest Highway area have elected their new officers for the year. Harlan New is president, West is vice president, C. J. Hill is secretary, and Hen is their new treasurer. . . . Walter Poyer is president of the Main Township School Board. Pett and Poyer worked a little ingenuity and presented the school with an electric score board. Nice work, fellows; keep it up. . . . Since news seems to be a scarce article, it appears as though I may have to take a trip myself in order to work in an additional paragraph in this column. . . . Maynard Cook just got back from a two weeks' "Cruise" with the Navy at Bethesda, and reported that it proved to be quite interesting. He saw how research is being conducted in the field of prosthetics in the curing of acrylics so as to prevent dimensional change. While there, they were taken over to the Bureau of Standards where various dental materials are tested for the stamp of approval of the A.D.A. There is work being carried out on a new "Blast" type of handpiece and method for cavity preparation. All in all, the trip proved to be very much worth while.—*R. J. DeWolf, Branch Correspondent.*

WEST SIDE

Just to refresh your memory! Our annual all-day outing is being held on Wednesday, June 9, at the Itaska Country Club. *Fun galore!* Come early and spend the day playing golf, playing ball, pitching horse shoes, or enter into a card game. Dinner will be served at about 7 p.m. There will be prizes for all. . . . It was not my intention to impose upon you further, but President Samuel Kleiman has asked me to carry on as your correspondent for another year and I have consented to do so with the assistance of the following gentlemen: Herman Nedved (Rockwell 1323), Vincent Vivirito (Haymarket 0403), and Carlisle Weiss (Nevada 0098). You boys can facilitate our work by calling any of us with news items and I assure you we shall greatly appreciate your so doing. Let me take

this opportunity to thank Arthur Tessler, Irving Fishman, Herman Nedved and Elsie Gerlach for their splendid cooperation in giving you this column during the past year. . . . The West Side Branch is again setting a precedent, this time in creating an election committee headed by John Reilly. . . . Michael C. Arra, who supervises the Children's Clinic at the County Hospital, reports that those much needed new spotlights have now been installed. . . . West Side members who attended the State Meeting in Peoria include Sam Kleiman, George Vogt, Leo Cahill, Joe Porto, James Dillon, Earl Boulger, Walter Kelly, Michael DeRose, Harold Gillogly and others. . . . After attending said meeting, Sam Kleiman and family motored on down to Kansas City and White Sulphur Springs, Missouri. . . . The final meeting of the season of the Lawndale Dental Club was held May 14, at which time officers for the ensuing year were elected. . . . Ervin Boatwright attended the last Kentucky Derby, but picked the wrong horse. . . . Caesar Newman is soon to make a trip to Madison, Wisconsin, to enroll his daughter, Ethel, in the State University there. . . . Walter Kelly will be brought back into play, this time in the capacity of Program Chairman. You can expect some very interesting evenings beginning with our first meeting of the year in October. . . . Recently Earl Boulger was rushed to the Oak Park Hospital because of a stomach ailment. At the time of this writing, he is able to be back at the chair. You just can't keep a good man down. . . . We extend our heartfelt sympathy to Joe Porto in the loss of his mother. She passed away Monday, April 12.—*Irvin C. Miller, Branch Correspondent.*

NORTHWEST SIDE

Ladies' Night and installation of officers was held on Wednesday, May 12, at the Illinois University Union Building. After we had imbibed a few cocktails, which were expertly blended by Fred Ahlers, a chicken dinner was served, following which all the guests assembled in the lounge for the installation. Fred Ahlers presided. The following officers were installed by the Chicago Dental Society President-Elect George Meyer: President-Elect Peter Wlodkowski, President Ben Davidson, Vice-President Irwin Neer, Secretary Joseph Ulis, Treasurer John Gates. Acting marshalls for the officers were Joseph Zielinski, Dan Klein, Thad Olechowski and Frank Biedka. Retiring president LaMar Harris thanked the officers and chairmen for their cooperation during his regime. The entertainment that followed was clever, amusing, original and highly entertaining. The response of laughter and applause was proof of its success. It was furnished by Jim Andelin who M.C.ed the program. All ladies present received compacts—and so another Ladies' Night became history. . . . Received a card from Henry Boris and Dan Klein who conventioneered in Cleveland. . . . Folmer Nymark and Pete DeBoer were first prize winners in a recent garden contest sponsored by the Garden Club of the State of Illinois. . . . The Branch extends sympathy to William Starsiak whose father died recently. . . . Remember to attend the annual golf tournament at Itasca Country Club on June 30. Gerson Gould is chairman.—*John M. Gates, Branch Correspondent.*

ENGLEWOOD

I would like to quote the Encyclopaedia Britannica in part on the subject of Chicago: "A city lying on the southwest coast of Lake Michigan, noted for its extreme climatic changes. High winds prevail, with the temperature often dropping as much as 40 degrees in a few hours." They forgot to mention that it can rain cats and dogs for weeks at a time, or be as dry as a desert for days on end. Is it any wonder that we poor dentists of Englewood do a lot of thinking about the fighting muskie of the north or the wily bass of the south? By the time you read this, the roads to the north and the

roads to the south will be clogged with Englewood members who have talked themselves into the idea that they need a vacation. Well, good luck, fellows! . . . It is also spring on the farm at Vandalia, Illinois, in the Missouri Ozarks and in the minds and hearts of C. E. and Mrs. Bancherel, who are visiting both places. . . . At the May meeting, Dr. Kissell gave a most enlightening talk on "Recent Developments in Dental Therapeutics." The sulphas and the penicillins were definitely placed and those of you who missed it really missed something. . . . Dr. Frank Hospers, brother of our late John Hospers, was present at the May meeting. He has traveled all over the States and, of course, did not neglect to drop in on Dr. Knapp out in California. . . . Tom Starshak, Milt Cruse, Irvin Oaf, Vince Milas, and Les Kalk are some of the fellows who attended the State Convention at Springfield. Tom is sporting a new Super Buick. They say that only politicians can get new Buicks today. . . . Emil Aison is now a grandpappy twice. Congratulations, Emil . . . Gus Solfronk and Ed Werre are going fishing for ten days in Canada. . . . Louie Padden is building a new home at Michiana Shores and commutes every day. The new gray hairs Louie has acquired are not from orthodontia but are from the woes of building a new home. . . . Don't forget that Jack Manning is the Chairman of the Englewood Golf Outing at Navajo Fields Country Club, 123rd and Ridgeland Ave. Make your reservations immediately, if not sooner. . . . Send your news articles for the next issue to John L. Manning, 753 E. 79th St., Stewart 2980.—*Marion B. Hopkins, Branch Correspondent.*

KENWOOD-HYDE PARK

Kenwood brought its year to a successful conclusion with a very fine Ladies' Night. We enjoyed the company of all the officers of the Chicago Dental Society, and hope they will come again. Our guests of honor, "Gramps" Libberton and Edwin Marshall, who were honored for their fifty years of service to dentistry, looked "fit as a fiddle" and seemed to enjoy themselves a lot. The entertainment was excellent and Mrs. Chet Blakeley added much with her beautiful singing. We certainly enjoyed the added touch of her lovely voice and thank her much. We missed some of our old regulars. However, Wilbur Spencer and his officers deserve a big hand for a job well done. To Chet Blakeley, John McBride, Bob Kreiner and Jesse Carlton we wish an even more successful year to come. Let each of us determine to do our full share and I am sure it will be a successful year. Let us all, when called upon to serve on a committee, say "yes" with gusto and then carry that enthusiasm for service into action. . . . Louie Christopher, Golf Chairman, is working hard on our Golf Tournament to be held at Navajo Fields Country Club on Wednesday, July 14. We hope that by then the weather will be stable and the summer in full swing. . . . In spite of the cold and wintery blasts which we are experiencing, Bill DeLarye is heading for upper Michigan and a little fishing. We do hope it will be warmer up there, Bill. But weather never stopped a fisherman, so lots of luck! . . . The trek was on to Springfield where the Illinois State Meeting was held. Kenwood was represented by Rudy Grieff, Willard Johnson, Walt Scanlan, Harry Hartley, "Gramps" Libberton, Walt Dundon, Bob Kreiner, Jesse Carlton, Bob Wells, Wayne Fisher, Phil Mathisen and others. A good program was promised and from reports weather at Springfield is much warmer. . . . This should be my swan song, but Chet Blakeley has asked me to continue. It has been a pleasant and new experience for me, and I hope the column has been of interest to you and has served Kenwood. As I begin the new year, I would ask that you give me the news and I shall gladly write it up. So remember I am depending on

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Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Eugene M. Stearns, 636 Church St., Evanston. Anonymous communications or telephone calls will receive no consideration.

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Rates: $2.50 for 30 words with additional words at 3 cents each. Minimum charge is $2.50. Charge for use of key numbers is 25 cents additional. Forms close on the 1st and 15th of each month. Place ad by mail or telephone to

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30 North Michigan Avenue
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Advertisements must be paid for in advance.

FOR SALE

For Sale: Ritter Trident unit, chair and x-ray, Model A; rotary converter; complete laboratory equipment, including benching, lathe, portable engine; Ritter chair with cuspidor; Ritter 4-cluster light; Harvard cabinet. Telephone Hollycourt 8300 evenings; University 3450 daytime.

For Sale: New, modern, shockproof General Electric or Ritter x-ray equipment. Also Ridder Trident unit, Ritter chair and large American cabinet, all in good condition. Telephone Dearborn 6879.

For Sale: Dental office, SW location opposite hospital. Only dentist in building with pharmacy, medical offices, physio-therapy department, x-ray laboratory. Exceptional opportunity. Telephone Plaza 3519.

For Sale: Fisher dental x-ray machine, ivory color, automatic timer, shockproof, mobile type. Address M-2 The Fortnightly Review of the Chicago Dental Society.

For Sale: Harvard chair $20; American steam auto clave 9"x18" $100, original cost $500; developing tank $10; cross-bar elevators $2 ea. Telephone Longbeach 2077.

For Sale: S. S. White master unit and chair in excellent condition. Popular brands x-ray film, dated, $2.00 per gross. Also miscellaneous dental items. Dr. Jack Tatelman, 2400 N. Harding, Chicago.

For Sale: S. S. White unit AC, cream white, and one black unit; lathe DC; electric press and hydraulic press; Bosworth bracket table; Clark double bowl cuspidor and fittings; 3 Burton lights, black; Perfection casting machine; 2 gal. x-ray tank and fittings; 3 flask Snow vulcanizer, new; one cabinet, black. 740 W. Madison, room 202. Telephone Andover 5833.

For Sale: Office and equipment in first-class professional building in South Shore, Chicago. Possible to turn over lease to reliable man. Retiring on account of health. Address M-5 The Fortnightly Review of the Chicago Dental Society.

For Sale: Well established dental office in professional suite of Loop medical building. Fully equipped with new Model E Ritter unit and chair, Castle cabinet sterilizer and Pan-O-Vision light, etc. Addres M-6 The Fortnightly Review of the Chicago Dental Society.

For Sale: Ritter x-ray, cabinet and Castle sterilizer. All in excellent condition. Very reasonable. Telephone Lafayette 7650.

For Sale: Fully equipped office and practice, including reception room in Field Annex Building. Selling due to death. Telephone State 1305.

For Sale or Sublease: Modern office fully equipped with new Ritter Trident unit, share suite with three physicians and chiropodist, excellent transportation, busy intersection, north side, owner going to Columbia University to study orthodontia. Telephone Juniper 3303 or Hollycourt 5553 for appointment.

For Sale or For Rent: Dental office complete with new equipment, x-ray, equipped laboratory and dark room, furnished business office. Share reception room with physician. Excellent Rogers Park location. Lease. Reasonable rent. Address M-1 The Fortnightly Review of the Chicago Dental Society.

For Sale: Dental office, Loop building, fully equipped, x-ray. Excellent opportunity for Greek dentist. Telephone Dearborn 2721.

For Sale: Black Clarke unit with Ritter motor, choice of black modern cabinet or American mahogany cabinet; also choice of black Ritter or S. S. White mahogany dental chair; one Prometheus spotlight; all for $550. Telephone Longbeach 7570 or Olympic 3040.

For Sale: Harvard chair completely refinished, chrome, ivory, black; American cabinet Model 141, new, never used, ivory black. Both for $300. Telephone Mansfield 8516 after 1 p.m.

For Sale: Jelenko Vacutrol, excellent condition, practically unused, $225 plus freight and crating. Dr. A. L. McDonough, Suite 630 Jefferson Bldg., Peoria 2, Ill.

For Sale: Dental office on South side near Illinois Central station, over very busy drug store, live corner; Weber and Ritter equipment, many extras; built in laboratory and partitions, extra materials; modern lighting; nice quality furniture, carpet and linoleum. Very reasonable price, cash or time payment. Reasonable rent. Telephone Hyde Park 2784 or Atlantic 9573.

For Sale: Dental equipment, chair, metal cabinet enameled, light, table, motor, cuspidor with water connection, waste receiver, all in good condition. $250 cash. Write to Dr. Gutzmann, P. O. Box 88, Bristol, Indiana.

For Sale: Modern dental office, S. S. White master unit and chair, Castle lights, Pelton sterilizer, American cabinet, laboratory equipment and supplies. Patient cards for two years back. Shared with physician. Downtown Peoria. *Also* office in Chillicothe, Ill., late model Ritter "B" unit, S. S. White chair, American cabinet, some supplies. $1200 as is, or buy as a unit. Doctor in Navy. Contact H. C. Blackmon, First National Bank Bldg., Peoria, Illinois.

For Sale: Combination dental office and residence. All new late 1946 Ritter equipment. Ideal location in city 1 hr. from Loop. $18,000. Address M-9, The Fortnightly Review of the Chicago Dental Society.

WANTED

Wanted: Young dentist desires to purchase practice anywhere in or near Chicago, or to become associated with dentist with option to buy practice. 8 yrs. experience, pleasing personality. Address M-3, The Fortnightly Review of the Chicago Dental Society.

Wanted: High school girl desires to assist dentist during summer vacation. Has had some experience. Prefers Loop or West. Telephone Lombard 139-R.

Wanted: A young dentist to become associated with me in my business with privilege of purchasing same. Located in a prosperous, rural, farming and factory community. Address M-4 The Fortnightly Review of the Chicago Dental Society.

Wanted: Recent graduate is interested in purchasing established practice and office in Loop. Seller must be willing to stay and introduce patients. Write D. R., 1430 E. Hyde Park Blvd. or telephone Boulevard 1803.

Wanted: Experienced dental mechanic desires part time position with dentist or laboratory. Write Irving Elstein, 5118 Dorchester Ave. or telephone Plaza 5810 (Apt. 203).

Wanted: Dentist to work on a commission basis for a couple of months starting some time in June. No evening nor Wednesday work. North side. Address M-8, The Fortnightly Review of the Chicago Dental Society.

Wanted: Loop dental office. Chicago dentist will purchase Loop office and good will. Cash transaction. Address M-11, The Fortnightly Review of the Chicago Dental Society.

FOR RENT

For Rent: Part time space available Mondays and Fridays. North light. Newly equipped. 30 N. Michigan Building. Telephone Randolph 1899.

For Rent: 500 sq. ft. of office space available to dentist or physician. Prominently located at busy corner of Lincoln, Lawrence & Western Aves. Telephone Philip Corper, Andover 1334.

For Rent: Recently remodeled office in downtown Evanston. Share reception room with dentist. Address M-10, The Fortnightly Review of the Chicago Dental Society.

NEWS AND ANNOUNCEMENTS

(*Continued from page* 19)

ticed at 25 E. Washington Street in Chicago's Loop. He is survived by a sister, Mrs. Charles H. Burge of Gary, and three brothers, Hugh C., John W., and Jay B.

DR. CHARLES L. SEARL 1880-1948

Dr. Charles L. Searl, a member of the Kenwood-Hyde Park Branch of the Chicago Dental Society, died May 5, 1948. He was graduated from Northwestern University Dental School in 1906 and practiced at 30 N. Michigan Avenue for the last twenty-five years.

Dr. Searl is survived by his widow, Ethel; a brother, Harry R.; and a sister, Mrs. Bertha S. Powers.

DR. G. G. GLASGOW .....-1948

Dr. G. G. Glasgow, a member of the North Side Branch of the Chicago Dental Society, passed away on March 7, 1948. He was a graduate of the Chicago College of Dental Surgery, Loyola University, in 1919 and practiced at 2000 Irving Park Road.

Dr. Glasgow is survived by his widow, Della, and two daughters, Marchita and Marlyn.

DIAGNOSIS IN ORAL SURGERY PROCEDURES

(Continued from page 8)

direct proportion to the anatomic form and quality of the supporting hard and soft tissues and to the relation of the jaw ridges. Corrective surgical measures should eliminate or modify major abnormalities in ridge form, but the amount of reduction desirable can be determined only after consideration of the interjaw relation.

LABIAL FRENUM

Removal of the labial frenum is indicated when it causes and maintains a separation of the central incisors and when it causes and maintains an eversion or an inversion of the lip. Separation of the incisors, however, may not be due to an enlarged frenum. It may be congenital or due to hyperpituitarism, in which case the greatly accelerated bone growth may have carried the teeth apart. According to McBride,[2] in the true frenum-incited separation, the teeth are deflected from the median line and erupt in a divergent position. He maintains that the frenum should be excised at about seven and one-half years of age when the lateral incisors are erupting and would exert pressure to force the central incisors together. When orthodontic treatment is necessary in order to close the space between the incisors, removal of the enlarged frenum is controversial.

SUMMARY

A competent diagnosis requires the correlation of a clinical examination, history and roentgenographic examination and often various laboratory tests to establish or confirm the diagnosis.

Before operating one must determine whether or not the patient is a good surgical risk from the standpoint of acute infections within the mouth and from the standpoint of general health.

A final diagnosis should never be based on roentgenographic examination alone.

The primary consideration in arriving at a diagnosis that requires surgery should be the benefits that will accrue to the patient as a result of the operation.

1Weinmann, Joseph P., Bone Changes in the Jaw Caused By Renal Hyperparathyroidism. J. Periodont. 16:94-104 (July) 1945.

2McBride, Walter C., Juvenile Dentistry. Philadelphia: Lea and Febiger, 1941.

PROBLEMS OF ORAL SURGERY

(Continued from page 9)

such infections.

Question: Discuss pyorrhea alveolaris and give your conception of its relationship to complications of the human body.

Answer: Pyorrhea is a disease of the pericemental membrane, and pus absorption from pyorrhea may be the cause of complications of any part of the human body. One of the most common is gastro-intestinal upset associated with gastric ulcers of the stomach. Most people with pyorrhea alveolaris have a fag and have a sense of unhappiness in their physical fitness. Complications of the human body are so great that most anything can happen from severe pyorrhea alveolaris, and it would require a book to cover these problems.

Question: Emphasize and explain why you approach the problems in the management of morbid processes of the jaws as you do.

Answer: The approach to the management of morbid processes of the jaws was laid down by me between 1904 and 1905. I definitely condemn all incisions in the soft mucosa where it is humanly possible to avoid such incisions, and it is very possible in most instances. All incisions must be made in the hard part of the mucosa if we are going to do physiological surgery. They must be long in many instances where doing partial alveolectomies so that the end of the flap will not tear. This is a matter of one's judgment as he develops skill in this work.

Question: When you make alveolectomies of the upper and lower jaws, how long do you leave the sutures in?

Answer: In the upper jaw I leave the sutures two, four or five days; in the lower jaw, I leave them eight to ten days.

PROGRAM OF CHICAGO INDUSTRIAL HEALTH ASSOCIATION

(Continued from page 11)

ty field, as indicated earlier in this statement. This information, however, would be presented in a manner most likely to gain attention. As far as possible, the material would be based on actual case histories and would feature broadcasts emanating (by transcription) from plants, clinics, rehabilitation centers and agency social service departments.

This on-the-spot coverage would be brief and could be continued in a dramatized form. As a general practice, most of the health information would be dramatized. There could also be a group of colorful characters from a typical plant—almost like a cartoon strip—which would appear from time to time, bringing up problems which frequently occur among employees.

Interviews would form a regular feature. These would be short and vivid, presenting leading industrial and plant physicians, health workers, personnel people, employers, employees and public personages. There would be some continuity in the program, though each would be a unit in itself.

The Association feels that a sponsor of sufficient caliber and public spirit is offered a worthy opportunity by this program, a program which might well be channeled to the entire central time zone area.

C. POSTER OF THE MONTH

Each month the Association will issue a poster for display on bulletin boards of the participating firms. These posters, following a planned continuity, will supplement the major message in the current issue of the Monthly Magazine. They will be available without cost in any quantity requested.

NEWS OF THE BRANCHES

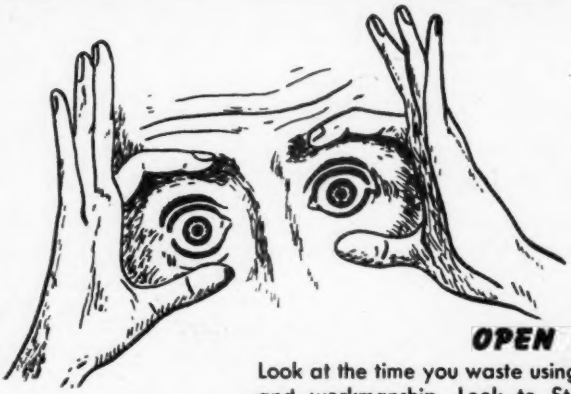
(Continued from page 22)

each one of you. Call South Chicago 1823.—*Elmer Ebert, Branch Correspondent.*

NORTH SIDE

Well, here's your old columnist again. Last year when I took over this department, I had to prepare the material for the June 1 issue. So naturally, I surmised that my successor would do the same this year. However, there was some delay in his appointment, so I'm behind the 8 ball again. You know these deadlines sneak up on one like Saturday night does to a kid who hates to take a bath. What, you here again? But all in all its been fun writing this column. A few of you fellows have griped about our 'phone calls, but most of you have been very cooperative, for which I extend my sincere thanks. . . . Francis A. Napolilli of 1057 Wilson Avenue, who can be reached at Longbeach 1628, is the new correspondent. I'm sure that he will appreciate any items of interest you can supply. . . . Ed Long of Miami Shores, Florida, please take notice. And thanks for your fine reportorial work, Ed. . . . Harold A. Lange with his wife, mother and two lovely daughters, Doris and Roberta, spent the early part of last month down in Miami Beach. He also visited our news office in Miami Shores. Next year Harold plans to go down earlier and stay longer. . . . Robert A. Atterbury presented a paper at the Tri-State Hospital assembly early last month. "Choice of General Anaesthetic in Oral Surgery" was his topic. Previous to this, he gave an illustrated lecture at North Park College, on "Oral Infection and its Relation to Somatic Disease." . . . E. Elman reports that the Uptown Dental Forum meets every

Friday noon at Rupnecks, 1127 Thorndale Ave. . . . J. V. Linder recently returned from a vacation down in New Orleans. . . . Kelsey Peterson attended the Kentucky Derby, and then spent some time at French Lick, Indiana, before returning home. . . . Carl Gieler recently returned from Rochester and Minneapolis, where he picked up several new ideas on Dental Economics.—*N. M. Elliott, Branch Correspondent.*



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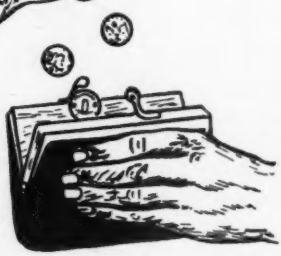

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